## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: BLISS (199048)

Address: 3026 SCHUMAN RD, HANOVER, WI 53542

**License Status: REGULAR** 

Licensed/Certified/Registered 07/17/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey	History

Survey ID: 0095517 End Date: 09/08/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090833 End Date: 08/19/2003 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10007846 Served 08/22/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	09/08/2005	Yes
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	09/08/2005	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	09/08/2005	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	09/08/2005	Yes

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